

[ ] Attached as part of this declaration and power of attorney is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

SEND CORRESPONDENCE TO:

Richard P. Berg, Esq.  
~~C/O LADAS & PARRY~~  
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Los Angeles, California 90036-5679

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(Name and telephone number)

Richard P. Berg  
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DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Full name of sole or first inventor Franco ARCIERI

Inventor's signature [Signature]

Date 10 MARCH 2001 Country of Citizenship ITALY

Residence Via Mario Chiri 25 - 00171 Roma ITALY

Post Office Address (same as residence)

Full name of second joint inventor, if any Guido Maria MARINELLI

Inventor's signature [Signature]

Date 10 MARCH 2001 Country of Citizenship ITALY

Residence Via Squillace 108 - 00178 Roma ITALY

Post Office Address (same as residence)

Full name of third joint inventor, if any Maurizio TALAMO

Inventor's signature [Signature]

Date 10 MARCH 2001 Country of Citizenship ITALY

Residence Via E. Filiberto 233 - 00185 Roma - ITALY

Post Office Address (same as residence)

**CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING ADDED PAGES(S)  
WHICH FORM A PART OF THIS DECLARATION**

- ☐ Signature for third and subsequent joint inventors. *Number of pages added*\_\_
- ☐ Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. *Number of pages added* \_\_\_\_
- ☐ Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. *Number of pages added* *Added pages to combined declaration and power of attorney for divisional, continuation-in-part (CIP) application.*  
*Number of pages added* \_\_

\*\*\*

- ☐ Authorization of attorney(s) to accept and follow instructions from representative.

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***If no further pages form a part of this Declaration then end this Declaration with this page and check the following item.***

- ☒ This declaration ends with this page.

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